

SUMMER PROGRAM REGISTRATION FORM

CITY OF MIAMI SPRINGS PARKS & RECREATION DEPT. 1401 Westward Drive (305) 805-5075

Participant's Name	:						
	(Last)	(First)		(Date of Birth)	(Age)	1	
Address:				Home F	Phone:		_
Mother:			Phone: _		or		_
Father:			Phone:		or		_
OTH	ER CONTACTS	IN CASE OF EME	RGENCY (Must provide photo	I.D. when picking up)		
Name:		_ Phone/Relation	: <u>*</u>		Authorized to pick up?	Yes	No
Name:		Phone/Relation	ı:		Authorized to pick up?	Yes	No
Please list any kno	wn allergies (food,	, insect bites, etc.)	or other me	edical problems: _	8 ,		-
	Registrat	ion: \$35.00 CK		_ Cash: _ Cash:			
		:					
	Weekly F	ee:					
	6/06-6/10	Ck#Ca_	_ Rec#	Date			
	6/13-6/17	Ck# Ca	_ Rec#	Date			
	6/20-6/24	Ck# Ca_	_ Rec#	Date			
	6/27-7/01	Ck# Ca_	_ Rec#	Date			
	7/04-7/08	Ck# Ca_	Rec#	Date			
	7/11-7/15	Ck# Ca	_ Rec#	Date			
	7/18-7/22	Ck# Ca	_ Rec#	Date			
	7/25-7/29	Ck# Ca_	_ Rec#	Date			
	8/01-8/05	Ck# Ca_	_ Rec#	Date			

The Participant and his/her parent or guardian agrees to release, discharge, indemnify and hold harmless the City of Miami Springs, it's officials, employees, agents and representatives and all of the foregoing's respective successors and assigns from, and waive all liabilities, losses, damages, costs, expenses (including, but not limited to, attorney's fees and expenses), causes of action, suits and claims of any nature whatsoever (collectively, the "Liabilities") arising from, based upon or relating to personal injury or death to, or damage or loss of property of the Participant or his/her parent or guardian sustained in connection with the Participant's participation in the Summer Program, its activities, or travel to or from any of the foregoing field trips. My signature below also grants permission for my child to participate in the foregoing field trips unless I notify the City in writing otherwise.

(Parent/Guardian signature)	(Date)